## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an addre

SIGNATURE:

## Mar 03, 2002 8:00 am Secretary of State **DOCUMENT #** P00000073406 1. Entity Name 03-03-2002 90073 003 \*\*\*150.00 FRONT RUNNER PRODUCTIONS, INC. Principal Place of Business Mailing Address 222-W-CONSTOCK-AVE--STE 204-P.O. BOX 478 WINTER PARK FL 32790 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address 201 West Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3665666 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WERT, THOMAS P Street Address (P.O. Box Number is Not Acceptable) 450 S ORANGE AVE, STE 500 ORLANDO FL 32801-3336 City Zip Code for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above hamed th/s statement SIGNATURE. (NOTE: Registered Agent signature required when reinstating) DATE ent and title if applicable. 9. This corporation is eligible to satisfy its Inge ngible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. , Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME REESE, ROBERT B JR 201 W. Canton AVE, Ste275 STREET ADDRESS 222 W CONSTOCK AVE, STE 204 STREET ADDRESS CITY-ST-ZIP Winter Park FL 32789 CITY-ST-ZIP WINTER PARK FL 32789 ☐ Addition ☐ Delete TITLE TITLE NAME NAME WILSON, BRENT L 201 W. Canton Ave, Ste 275 STREET ADDRESS STREET ADDRESS 222 W CONSTOCK AVE, STE 204 CITY-ST-ZIP WinterPark FL 32784 CITY-ST-ZIF WINTER PARK FL 32789 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with anot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is of the corporation or the receiver or trustee empore rate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director tute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ICER OR DIRECTOR

FILED